

## **Description of Governor's Health Reform Commission Workgroups**

*September 2006*

- **Long Term Care and Consumer Choices**

This workgroup will focus on improving long-term care options for seniors and persons with disabilities in Virginia. The group will examine long-term care options and coverage for seniors and persons with disabilities of all income groups and identify gaps in coverage or services for certain populations. The workgroup will use the experiences of other states, the federal government, and local communities to develop recommendations for the Commission on: (a) how to improve quality and access to long term care services for those with and without Medicaid, (b) educating "near" seniors (e.g. people who are 40-50) about LTC planning, (c) meeting increasing demands for services, (d) providing choices for long-term care consumers, and (e) how service dollars can follow people through each long-term care setting to allow for more flexible choices.

- **Access to Care**

This workgroup will learn the results of two recent surveys of Virginia's uninsured population. The workgroup is tasked with using the survey data to identify age groups, regions, or populations where uninsurance rates are high and develop recommendations to Commission on how to increase insurance rates in these areas through innovative pilots, demonstrations, individual or small group insurance market reforms, or other mechanisms.

- **Improving the Healthcare Workforce**

This workgroup must bring together the many existing studies about Virginia's healthcare workforce and identify professions with critical shortages or anticipated shortages. The workgroup is tasked with examining models from other states to develop a strategy to improve the capacity, skills, and number of healthcare professionals in Virginia. Recommendations should focus not only on bringing people to the professions, but improving the capacity of educational institutions to meet growing demand for services provided by these professionals.

- **Focus on Prevention, Quality, and Consumer Choice**

Today, more than ever, citizens, healthcare providers, and policymakers are focused on reducing medical errors, increasing patient safety, and improving health outcomes. In addition, consumers are being asked to use more tools to manage their own care and make choices about who provides their care. This workgroup will develop a road map for an integrated, cohesive quality strategy for the Commonwealth. The workgroup will make recommendations to the Commission about how to increase transparency between consumers and providers, how to use provider data to monitor quality in a systemic and user-friendly manner, and how to reduce medical errors at the site of care. The roadmap should also include mechanisms to improve health outcomes by improving overall health habits (e.g. reducing smoking, reducing obesity) and emphasizing prevention in areas such as infant mortality.

**Item 145**

I.1. The State Council of Higher Education, in consultation with the Healthcare Workforce Task Force described herein, shall develop and recommend criteria for awarding additional state funds via a competitive grant process to innovative regional public-private sector partnerships that seek to maximize the number of newly licensed nurses and increase the supply of graduate nursing faculty. The Healthcare Workforce Task Force will develop criteria for the grant award process, identify aggressive attainment goals, establish mechanisms to monitor results and recommend program scope for the Council and policy makers to consider. The Task Force will be co-chaired by the Secretaries of Education and Health and Human Resources and will also include two members of the Senate appointed by the President pro tempore and three members of the House of Delegates appointed by the Speaker of the House. In addition to these seven policy makers, the Task Force will include six individuals appointed by the co-chairs with experience and knowledge of nursing and other allied health professional supply, training and practice issues as follows: two higher education leaders, two business leaders and two hospital or health system executives. The criteria developed by the Task Force for reviewing potential grant applications will reward a) regions that demonstrate partnerships between education institutions and healthcare employers for addressing the registered nursing shortage; b) applicants that document past, current and new matching private funds applied toward registered nurse education (to leverage potential public funds); c) innovative and cost-effective plans that expand the output of registered nurses (e.g., standardized curricula, improved retention rates and improved pass rates on licensure exams); and d) partnerships that demonstrate a desire and capability to be held accountable for results. The Council and Healthcare Workforce Task Force shall submit a report on the healthcare workforce competitive grant program scope, criteria and structure to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by May 1, 2007.

2. Out of this appropriation \$750,000 each year from the general fund shall be provided to Northern Virginia Community College to support public-private sector partnerships in order to maximize the number of newly licensed nurses and increase the supply of nursing faculty.

3. Out of this appropriation \$750,000 each year from the general fund shall be provided to the University of Virginia to support public-private sector partnerships in order to maximize the number of newly licensed nurses and increase the supply of nursing faculty.